

**VILLAGE OF INDIAN HEAD PARK
REQUEST FOR PUBLIC RECORDS
UNDER THE FREEDOM OF INFORMATION ACT 5 ILCS 140/1 et seq.**

Name of Organization (if applicable)		Business Phone# (____)	
Requestor's Name		Daytime Phone# (____)	
Address (Street and Number)		Home Phone# (____)	
Town	State	Zip Code	E-Mail Address

- ☐ I wish to **inspect** these items.
- ☐ I would like **copies** of these items.
- ☐ I would like to **both** inspect these items and obtain copies of them.
- ☐ I would like to receive the documents electronically, if possible.
- ☐ I would like to receive the documents by facsimile, if possible.

Pursuant to the Freedom of Information Act describe in detail the public records being requested (attach sheets, if necessary)

Is this request for a commercial purpose? Yes_____ or No_____

Signature of Requestor

Date

**Village of Indian Head Park – Freedom of Information Officers
201 Acacia Drive, Indian Head Park, IL 60525
Telephone # (708) 246-3137 Fax # (708) 246-7094**

**Frank Alonzo, Chief of Police/Administrator
Dave Brink, Finance Department**

**Kathy Leach, Deputy Clerk
Curt Novak, Police Sergeant**

FOR OFFICE USE ONLY

This section to be completed by the Freedom of Information Officer fulfilling this request.

Date request form received:_____ Photocopy Charge \$_____
(If applicable)

Deadline to respond:_____ Date response provided: _____

Form# 2/2010